

TO: CLEARANCE LETTER REQUESTERS

FROM: DRIVER LICENSING PROGRAM

RE: DRIVER'S PRIVACY PROTECTION

The enclosed form is required on behalf of the South Dakota Department of Public Safety to ensure compliance with the provisions of the Driver's Privacy Protection Act to allow the release of information on your record. Please complete the enclosed form (the form must also be notarized) and mail, fax or email the completed form to the South Dakota Driver Licensing Program.

DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036

FAX: 1-605-773-3018

DPSLicensingInfo@state.sd.us

If you have any questions you may contact our office at 1-605-773-6883.

REQUEST FOR CLEARANCE LETTER

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____-____-____ and my driver license or SS# is _____

My present address is _____
(Street and/apt. unit) (City) (State) (Zip Code)

My telephone number is () _____

NOTARY INFORMATION

Subscribed and sworn before me this _____ day of _____, _____

My Commission expires / /

(Seal) (If faxing, notary seal must be visible in fax) _____
(Notary Public Signature)

(Applicant Signature) (Date)

(THIS FORM MUST BE NOTARIZED)
DO NOT RETURN THIS FORM TO THE EXAM STATION
MAIL OR FAX FORM TO:

DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036
FAX: 1-605-773-3018
DPSLicensingInfo@state.sd.us

Unless otherwise directed, the clearance letter will be mailed to you at the address provided above. If you wish the clearance letter to be axed elsewhere, please provide the following:

Fax to: _____

Fax # _____

Email to: _____